



CONTENTS OF ACKNOWLEDGEMENT THAT RESIDENTS HAVE RECEIVED NOTICE OF RIGHTS
UNDER 28 Pa. Code § 717.19(b)

This form must be presented to all residents of the Savage Sisters Recovery, Inc. Housing Program.

Residents shall retain all civil rights that have not been specifically curtailed by separate judicial or administrative determination by the appropriate legal authority. Savage Sisters may not discriminate against an individual or staff on the basis of age, race, sex, religion, ethnic origin, economic status, disability, sexual orientation or gender identity or expression.

Residents have the right to inspect their own records. Staff has up to two business days to provide residents with a copy of their records. Residents have 48 hours to approve or ask for corrections, which must be done via email. All emails should be sent to info@savagesisters.org. Staff has two business days to respond.

Residents have the right to request the correction of information in their records on the basis that it is inaccurate, irrelevant, outdated, or incomplete. Staff has up to five business days to address the corrections by providing the resident with a copy of the corrected records. Residents have 48 hours to approve or ask for corrections, which must be done via email. All emails should be sent to info@savagesisters.org. Staff has two business days to respond.

Residents have the right to submit a rebuttal to information in their records. Staff has up to five days to respond to the rebuttal, and make the necessary corrections. Residents have 48 hours to approve or ask for corrections, which must be done via email. All emails should be sent to info@savagesisters.org. Staff has two business days to respond.

Residents may attend a treatment facility of their choice outside of the drug and alcohol recovery house.

Savage Sisters may not require a resident to attend or prohibit a resident from attending a specific treatment facility.

I, _____, have received notice of the following rights under 28 Pa. Code § 717.119.

Signature of resident.

Date_

Signature of witness.

Date_